

2005-2006 SDFS EVALUATION CHECKLIST – DEADLINE: JUNE 16, 2006

<http://www.sde.state.id.us/Safe/Grants/>

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| Required Materials to send with 2006-07 Application | <p align="center">2005-2006 - EVALUATION REPORT (Please make a copy for your files before mailing) <i>(Evaluation forms are included with and are part of the 2005-2006 Application/Evaluation Grant package)</i> All unshaded columns must be completed</p> |
| COVER SHEET | <input type="checkbox"/> Signature of Superintendent – cover page of 2005-2006 Grant Application on evaluation line/date bottom right side |
| ADVISORY COUNCIL MEMBERSHIP | <input type="checkbox"/> Advisory Board - meeting dates and minutes (Three meetings is the minimum suggested number per year) |
| GOALS AND OBJECTIVES | Complete Year-End Outcomes Column (#7) statements needs to be written as measurable data relating back to Performance Indicators/Desired Outcome Column (#2) Number evaluation statement to match number of Performance Indicator/Desired Outcome Column |
| BUDGET FORMS SECTIONS #1- 11 &-13 On-line process | <input type="checkbox"/> Forms 1- 11 and 13 -- Required Information do on-web, use coordinator password , save each Section before going to next Section. Print in landscape page setup. <input type="checkbox"/> Complete number of students/participants served and actual expenditures for each section <input type="checkbox"/> Form 13 – Actual Expenditures will show Section totals and budget total <input type="checkbox"/> Form 13 – Check to see if Budget Form Sections #1-11 totals are correct on Budget Page 13 |
| BUDGET FORM SECTION #12 Volunteers | <input type="checkbox"/> Name of activities <input type="checkbox"/> Total number of volunteers <input type="checkbox"/> Total amount of time donated <input type="checkbox"/> Expenses if any |
| DRUG TESTING #14 | <input type="checkbox"/> If No , please indicate and re-submit form (must be included in mailing) <input type="checkbox"/> If Testing, please complete Name of contact and a phone number plus all unshaded requested areas at bottom of page: <ul style="list-style-type: none"> ▪ Number of students tested and number of positive tests ▪ Cost for tests, where tested and who administered test ▪ Total actual expenses |
| TRACKING FORMS #16 District Student Assistance Referral Tabulations | <p><u>TRACKING FORMS</u></p> <input type="checkbox"/> #16 District SAP Referral Tabulation totals for each category (school personnel, parents, self, peers, other) <input type="checkbox"/> Please record district student ethnicity totals <input type="checkbox"/> Number of student assessments (right-hand box) <input type="checkbox"/> Number of students referred to off-campus treatment (right-hand box) <input type="checkbox"/> Total Number of support groups offered and total participants for the three grade levels <input type="checkbox"/> Check support groups offered in your district and note grade level |
| TRACKING FORMS #16a-16C Support Group District Totals | <input type="checkbox"/> 16A – District Student Support Group Year-End Evaluation Form tabulations from #17a Student Survey. Need one form if implemented: for total Elementary, total Jr/Middle and total High School <input type="checkbox"/> 16B – District Totals from 17b, Elementary Student Surveys (If used.) <input type="checkbox"/> 16C – District Totals from 17c “Preschool and Elementary Student Survey (If used.) |
| #16D CRW Totals | 16D – Community Resource Workers Annual District Tabulations Totals (if used) |
| INCIDENT TRACKING FORMS # 18- #21A | <input type="checkbox"/> See next page for Web-based Incident Tracking Forms Directions <input type="checkbox"/> Each individual public school in your district should have completed forms 18-21A, <input type="checkbox"/> Principal must complete the “ final submit ” information (enrollment, principal’s information, etc.) and save Forms to be recorded to online program <input type="checkbox"/> Print in Landscape page set and send copy of District Totals Incident Tracking Forms #18-21B with your evaluation. Please indicate name of school on Form 21B (handwritten) if they have any Persistently Dangerous incidents. |

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| BUILDING INCIDENT TRACKING ASSURANCE FORM | <input type="checkbox"/> Have building principal sign, date and return to district SDFS coordinator. After successfully submitting the incident forms using the "Final Submit" link, the Schools need to download and send the Signed Assurance Page to the district Safe a Drug-Free Schools coordinator. <input type="checkbox"/> All signed school assurance pages must be included in the program evaluation packet that is mailed into the state SDFS office. |
| Approval of next year's application cannot be made until all schools in the district have submitted their Incident Tracking records on-line, did a Final Submit and submitted a signed (by Building Administrator) Building Incident Tracking Assurance Form. | |

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| http://www.sde.state.id.us/Safe/Grants/ Page 2 | |
| WEB BASED INCIDENT TRACKING FORMS #18-21B | <input type="checkbox"/> At the end of the school year, each school building in your district will have to input their data into the web-based program. This will be the only way to submit SDFS incident tracing data for the 2005-06 year-end evaluation requirements. Login 1. On the Internet, go to the Idaho State Department of Education's Safe and Drug Free Schools web-based incident tracking system at http://www.sde.state.id.us/Safe/SDFSTracking/ 2. Click on the appropriate application link. The Login Screen (Figure 1) appears. Select the District: and the School: from the list, and then enter the assigned Password: (<i>principal's school accreditation password</i>) 3. SDFS Coordinators will have a unique password to <u>only view the data</u> . 4. A blank copy of the Tracking Forms can be downloaded from the Login page along with instructions for completion. 5. <i>For technical problems or password needs, contact the Webmaster at webmaster@sde.state.id.us</i> 6. <i>For all other questions or needs, contact njplante@sde.idaho.gov</i> Deadline for Final Submit to SDE is the third Friday of June. |
| <p><i>Please double check all submitted materials to make sure everything is accurate, complete, in the correct order, copied for your files and that all of the requested 2006-07 Application and the 2005-06 Evaluation materials are in the packet to be mailed!!!</i></p> <p style="text-align: center;"><u>Deadline is June 16, 2006!!!</u></p> <p style="text-align: center;"><i>Thank you.</i></p> <p>WEval06 checklist</p> | |

SAFE AND DRUG-FREE SCHOOLS PROGRAM
2005 –2006
Building Incident Tracking Assurance Form

School District Name: _____ District Number _____

School Name: _____ School Number _____

I hereby assure the Idaho Department of Education that:

- The SDFS year-end incident report for this building has been checked for accuracy and been approved for final submitting.

Signature – Building Administrator

Date

Printed Name – Building Administrator

Date

This one-page assurance form **must be given** to your district Safe and Drug-Free School Program Coordinator. This is a requirement for year-end reporting. Without this signed assurance form, approval for next year's program funding may not be approved.

For questions regarding this form please contact your district Safe and Drug-Free School Coordinator.

(District SDFS Coordinator)

(Contact Information)

The deadline for submitting the incident reports and signed assurance form to SDE Is the third Friday of June. However, schools need to coordinate with their SDFS district coordinator, with regards to District incident data collection deadlines.